

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF:

Title: A REGIONALLY TIME MULTIPLEXED
EMULATION SYSTEM

Attorney Docket Number: 003921.00178

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:

Total Drawing Sheets: 11

Small Entity?: NO

Latin name:

Variety denomination name:

Petition included?: NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.? NO

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: France
Status: Full Capacity
Given Name: Frederic
Middle Name:
Family Name: Reblewski
Name Suffix:
City of Residence: Paris
State or Province of Residence:
Country of Residence: France
Street of mailing address: 2 rue Antoine ROUCHER
City of mailing address: Paris
State or Province of mailing address:
Country of mailing address: France
Postal or Zip Code of mailing address: 75016

Applicant Authority Type: Inventor
Primary Citizenship Country: France
Status: Full Capacity
Given Name: Olivier
Middle Name:
Family Name: LePape
Name Suffix:
City of Residence: Paris
State or Province of Residence:
Country of Residence: France
Street of mailing address: 2 rue Antoine Roucher
City of mailing address:

State or Province of mailing address: Paris

Country of mailing address: France

Postal or Zip Code of mailing address: 75016

Applicant Authority Type: Inventor

Primary Citizenship Country: France

Status: Full Capacity

Given Name: Jean

Middle Name:

Family Name: Barbier

Name Suffix:

City of Residence: Chatillon

State or Province of Residence:

Country of Residence: France

Street of mailing address: 43 rue Gay-lussac

City of mailing address: Chatillon

State or Province of mailing address:

Country of mailing address: France

Postal or Zip Code of mailing address: 92320

Correspondence Information

Correspondence Customer Number: 22907

Representative Information

Representative Customer Number: 22907

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
	Divisional of	09/404,920	09/24/99

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name: Mentor Graphics Corp.
Street of mailing address: 8005 S.W. Boeckman Road
City of mailing address: Wilsonville
State or Province of mailing address: OR
Country of mailing address: USA
Postal or Zip Code of mailing address: 97077-7777